FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

1297375

OMB APPROVAL
OMB Number: 32350076
Expires: May 31,
2002
Estimated average burden
hours per

response.....16.00

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY							
Prefix Serial							
DATE RECEIVED							

Name of Offering: (check if this is an amendment and name has changed, and indicate change.)
Nickel Energy, LLC Unit Offering
Filing Under (Check box(es) that apply): Rule 504 Rule 505 X Rule 506 Section 46)
Type of Filing: X New Filing Amendment RECEIVED
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer.
Name of Issuer: (check if this is an amendment and name has changed, and indicate change.)
Nickel Energy, LLC
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (including Area Code)
233 N. Fair Avenue, N.W., New Philadelphia, Ohio 44663 (330) 233-5155
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
(if different from Executive Offices) (330) 233-5155
233 N. Fair Avenue, N.W., New Philadelphia, Ohio 44663
Brief Description of Business Oil and gas exploration and development
Oil and gas exploration and development.
Type of Business Organization: JUL 19 2004
☐ limited partnership, already formed ☐ other (please specify): Limited Liability Company
business trust limited partnership, to be formed
Month Year FINANCIAL ()
Actual or Estimated Date of Incorporation or Organization: 0 6 0 3 X Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postage Service abbreviation for State: A Z
CN for Canada: FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number

required to respond unless the form displays a currently valid OMB control number
A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
 Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: X Promoter Beneficial Owner Executive Officer Director X General and/or Managing Partner
Full Name (Last name first, if individual)
Kellogg, David
Business or Residence Address (Number and Street, City, State, Zip Code)
233 N. Fair Avenue, N.W., New Philadelphia, OH 44663
Check Box(es) that Apply: X Promoter Beneficial Owner Executive Officer Director X General and/or Managing Partner
Full Name (Last name first, if individual) Dettelbach, Kenneth
Business or Residence Address (Number and Street, City, State, Zip Code)
233 N. Fair Avenue, N.W., New Philadelphia, OH 44663
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply:
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply:
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply:
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if in	idividual)				
Business or Residence Address	(Number and Str	reet, City, State, Zip Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	idividual)			•	
Business or Residence Address	(Number and Str	reet, City, State, Zip Code)		
	(Use blank	sheet, or copy and use add	litional copies of this she	et, as necessar	у)

35 (A) (A) (A)	Mace de la composition della c		
			Yes No
1. Has the issuer sold, or does the issuer intend to sell, to non-acc	-	3?	□ X
Answer also in Appendix, Column 2, if filing und			A 37/4
2. What is the minimum investment that will be accepted from an	y individual?	•••••••••••••••••••••••••••••••••••••••	
3. Does the offering permit joint ownership of a single unit?		Yes No X □	
Enter the information requested for each person who has been of the information requested for each person requested for each pe		A L.	
similar remuneration for solicitation of purchasers in connection w	ith sales of securities in the offerir	ng. If a person to be listed is an	
associated person or agent of a broker or dealer registered with the			
dealer. If more than five (5) persons to be listed are associated per- for that broker or dealer only.	sons of such a broker or dealer, yo	ou may set forth the information	
Full Name (Last name first, if individual)			
Not applicable (N/A)			
Business or Residence Address (Number and Street, City, State, Zip	Code)		
indicated interest in the state of the state	<i>poac</i>)		
Name of Associated Broker or Dealer			
States in Which Person Listed Has Solicited or Intends to Solicit Puro	chasers	· · · · · · · · · · · · · · · · · · ·	
(Check "All States" or check individual States)		***************************************	All States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT]	[DE] [DC] [FL] [[GA] [HI] [ID]	
[IL] [IN] [IA] [KS] [KY] [LA] [ME]		[MN] [MS] [MO]	
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [RI] [SC] [SD] [TN] [TX] [UT] [VT]		[OK] [OR] [PA] [WI] [WY] [PR]	
Full Name (Last name first, if individual)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Business or Residence Address (Number and Street, City, State, Zip	Code)		
Name of Associated Broker or Dealer	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
States in Which Person Listed Has Solicited or Intends to Solicit Pure	chasers		
(Check "All States" or check individual States)		••••••	All States
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[RI] [SC] [SD] [TN] [TX] [UT] [VT]		[WI] [WY] [PR]	
Full Name (Last name first, if individual)			
		·····	
Business or Residence Address (Number and Street, City, State, Zip	Code)		
Name of Associated Broker or Dealer			
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States in Which Person Listed Has Solicited or Intends to Solicit Pur	CHASCIS		M A 11 C4-4
(Check "All States" or check individual States)	[DE] [DC] [FL]	[GA] [HI] [ID]	All States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [IL] [IN] [IA] [KS] [KY] [LA] [ME]		[MN] [MS] [MO]	
[MT] [NE] [NV] [NH] [NJ] [NM] [NY]	[NC] [ND] [OH]	[OK] [OR] [PA]	
[RI] [SC] [SD] [TN] [TX] [UT] [VT]	[VA] [WA] [WV]	[WI] [WY] [PR]	
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip	Code)		
Name of Associated Broker or Dealer			
States in Which Person Listed Has Solicited or Intends to Solicit Pur	chasers		
700 1 64 11 07 7 2 3 3 1 1 1 1 1 1 1 07 1 N		***************************************	All States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT]	1.00	[GA] [HI] [ID]	
[IL] [IN] [IA] [KS] [KY] [LA] [ME]	[MD] [MA] [MI]	[MN] [MS] [MO]	
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(Use blank sheet,	or cody	and use	additional contes	ot this sheet	. as necessary.)

		G. OF SERING PRICE STUMBER DEINVESTORS EXPENSES AND	cie osibi <mark>(de</mark> renes	
1.	sold.	the aggregate offering price of securities included in this offering and the total amount already Letter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already nanged.		
		Type of Security	Aggregate Offering Price	Amount Already Sold
		Debt	\$	\$
		Equity	\$	\$
		Common Preferred		
		Convertible Securities (including warrants)	\$	\$
		Partnership Interests	\$	\$
		Other (Specify: Membership Units)	\$ \$639,685	\$ 639,685
		Total	\$	\$
		Answer also in Appendix, Column 3, if filing under ULOE.		
2.	offe indi	er the number of accredited and non-accredited investors who have purchased securities in this aring and the aggregate dollar amounts of their purchases. For offerings under Rule 504, cate the number of persons who have purchased securities and the aggregate dollar amount of r purchases on the total lines. Enter "0" if answer is "none" or "zero."		
			Number Investors	Aggregate Dollar Amount of Purchases
		Accredited Investors	68	\$ 639,685
		Non-accredited Investors		\$
		Total (for filings under Rule 504 only)		\$
		Answer also in Appendix, Column 4, if filing under ULOE.		
3.	secu prio	nis filing is for an offering under Rule 504 or 505, enter the information requested for all urities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months or to the first sale of securities in this offering. Classify securities by type listed in Part C estion 1.	Type of	Dollar Amount
		Type of offering	Security	Sold
		Rule 505	N/A	\$
		Regulation A	N/A	\$
		Rule 504	N/A	\$
		Total		\$
4.	8,	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
		Transfer Agent's Fees		\$
		Printing and Engraving Costs		\$
		Legal Fees	X	\$ 25,000
		Accounting Fees		\$
		Engineering Fees		\$
		Sales Commissions (specify finders' fees separately)		\$
		Other Expenses (identify)		\$
		Total		\$
	b.	Enter the difference between the aggregate offering price given in response to Part C - Question expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross p	1 and total roceeds to	\$ 614,685
		the issuer."		

C OFFICE NUMBER OF INVESTORS EXPENSES AND USE OF PROCEEDS Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. Payments to Officers, Directors, and Payments to Affiliates Others Salaries and fees Purchase of real estate □ **\$**_____ □ **\$** Purchase, rental or leasing and installation of machinery and equipment..... □ \$ Construction or leasing of plant buildings and facilities Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer 614,685 pursuant to a merger). Repayment of indebtedness □ \$ □ s Working capital □ **\$**____ X \$ 614,685 Other (specify): □ \$ □ \$ Column Totals X \$614,685 Total Payments Listed (column totals added) X \$ 614,685 D. FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice if filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Sequrities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to daragraph (b)(2) of Rule 502. Issuer (Print or Type) Nickel Energy, LLC Title of Signer (Print or Type) Name of Signer (Print or Type) Member Kenneth Dettelbach

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E, STATESIONATURE									
1.	Is any party described in 17 CFR 230.262 pres of such rule?	ently subject to any of the disqualification provisions	Yes	No							
	See Appendix, Column 5, for state response.										
2.	2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.										
3.	The undersigned issuer hereby undertakes to fu	unish to the state administrators, upon written request, information furnished by the issuer	to offer	ees.							
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice if filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.										
	e issuer has read this notification and knows the chorized person.	contents to be true and has duly caused this notice to be signed on its behalf by the undersigned	gned du	ły							
Iss	uer (Print or Type)	Date / 1.2/	,								
Nic	kel Energy, LLC	la diaperson 6/6/04									
Na	me of Signer (Print or Type)	Title (Print or Type)									
Kα	nnath Dattalhach	Member 117 (a 1, and A									

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

					Appaning y					
1	to non-	d to sell accredited rs in State - Item 1)	Type of security and aggregate offering price offered in state (Part C - Item 1)		Type of investor and amount purchased in State (Part C - Item 2)			Disquali under UL (if yes, explant waiver	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ		<u> </u>			<u></u>		·			
AR										
CA					<u> </u>					
со					,					
CT										
DE										
DC							· · · · · · · · · · · · · · · · · · ·			
FL		X	Membership units	14	94,775					
GA					· · · · · · · · · · · · · · · · · · ·					
HI										
ID					·····					
正							·			
IN		X	Membership units	1	31,325					
IA							·			
KS										
KY	<u> </u>									
LA										
ME										
MD	<u> </u>							ļ		
MA	 				,	ļ				
MI		X	Membership units	1	3,900					
MN		 								
MS	<u> </u>									
МО						.				
MT										
NE									ļ	
NV										
NH										
נא										

1	to non- investo	d to sell accredited ars in State 3 - Item 1)	Type of security and aggregate offering price offered in state (Part C - Item 1)	Type of investor and amount purchased in State (Part C - Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NM		X	Membership units	7	28,960				
NY			!						
NC		X	Membership units	1	3,003				
ND									
ОН		Х	Membership units	42	469,922				
OK									
OR						·			
PA									
RI									
SC									
SD									
TN		X	Membership units	1	7,800				
TX									
UT		<u> </u>							
VT									
VA									
WA									
WV					·				
WI									
WY									
PR									